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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 09751708 Effective October 1, 2001 **CLAIMS AS FILED - PART I** SMALL ENTITY **OTHER THAN** TYPE [**SMALL ENTITY** (Column 2) (Column 1) OR **TOTAL CLAIMS** FEE FEE RATE RATE OR BASIC FEE NUMBER EXTRA BASIC FEE 370.00 740.00 **FOR** NUMBER FILED 40 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42 =X84 =OR MULTIPLE DEPENDENT CLAIM PRESENT +280= +140= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR **SMALL ENTITY** (Column 3) (Column 2) (Column 1) HIGHES1 CLAIMS ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **PREVIOUSLY AFTER EXTRA AMENDMENT** FEE FEE AMENDMENT PAID FOR X\$18=Minus X\$ 9= Total OR Minus Independent *** X84= X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-8 NUMBER PRESENT REMAINING TIONAL **RATE** TIONAL RATE **PREVIOUSLY AFTER EXTRA AMENDMENT** FEE **FEE** PAID FOR **AMENDMENT** Minus X\$18= Total X\$ 9= ** OR = Minus Independent X42 =X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER **PRESENT** REMAINING **TIONAL** RATE **TIONAL** RATE **AMENDMENT PREVIOUSLY AFTER EXTRA** AMENDMENT PAID FOR FEE FEE Minus Total X\$18= X\$ 9= OR Minus Independent X84= X42 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09751708

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra X	Fee	Fee =	Total
,	Sm./Lg.			Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101		•		=	
Total Claims >20	203/103	-20 =	x	$\frac{360}{6}$		360
Independent Claims >3	202/102	-3 =	x	616		616
Mult. Dep Claim Present	204/104			-	<u> </u>	-
Surcharge	205/105		·		· =	
English Translation	139					
TOTAL FEE CALCUL	ATION					976
Fees due upon filing	the application:	7				
Total Filing Fees Due	e = \$	1915	· 			
Less Filing Fees Sub	mitted - \$	939				
BALANCE DUE	= \$	97-6				

Office of Initial Patent Examination

SETUL HAVED

Print Name:

PTOL 319(24. 7-92)

PLHO DATE

PRINT HALFED APPLICANT

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DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBHIT THE BALANCE DUE. Extension of this 30 day period under 3 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned: 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application-Pee Determination Recor (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

Fee submi	tted \$	Signature	
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ATTACIDÆNT: PO	י איז אנא איז איז איז איז איז	Clerk of Group	
	BALANCE DUE	= \$	
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	Total Fees Due	= \$	
B. 70	ses due in connection with the	ne amendment filed on	
-	BALAHCE DUE	= \$ 848	
•	Less Filing Fees Submitted	- \$1 3451	
	Total Filing Fees Due	= \$ <u>1193</u>	
A. 1.	iling Yees due upon filing the		

Signature:

Terminal Operator

NOTICE OF FEE DUE

DATE:	03-07-02	•
TO:	Sector	
FROM:	Office of Initial Patent Examination	40 91
SUBJECT:		•
APPLICAT	TION NUMBER: 09/75/ 1708	
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Office for the authorization	e for the attached document submitted to the U. S. Patent and Trade the following reason. Please check the application for the appropriation to charge a deposit account. If an authorization is present, pleas appropriate fee. If an authorization is not present, notify the application.	ate
Insufficie	ient fee by check	•
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Non auth	horization for charge to deposit account	
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	9	·
The correct f	fee code: 22 + 203 amount \$	25
The suspende	led fee code: 197 amount -\$	
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If you have an Eleanor Kurtz	ny questions, please contact Cynthia Streater at 703-306-5430 or z at 703-308-3642.	